i kcampaign expenses		Report Period # /
GILBERTM. Name (print)	CORTEZ ASSOULS Office (if applicable)	ely Candedate DST#30 District (if applicable)

## Expenses of \$100 or Less

DATE OF EACH EXPENSES	AMOUNT OF ACT MEXPENSE 8 50	E CANEGORAL
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Sylbert M. Cortez Name (print) Office (if a)

ffice (if applicable)

District (if applicable)

## Contributions of \$100 or Less

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Revised: Apr-02

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